SCHEDULE A (FEC Form 3)

PAGE 67 OF 4490 FOR LINE NUMBER: Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 15
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NAME OF COMMITTEE (In Full) Elizabeth for MA, Inc.		
Full Name (Last, First, Middle Initial) Michael Antreassian Mailing Address 13840 64th St City Sta Flushing N	•	Date of Receipt 08 13 2012 Transaction ID: C9098655
Retired Retired Receipt For: 2012 Primary General Other (specify)	pation and the pation of the p	Amount of Each Receipt this Period
AMAG, LLC CEO		Date of Receipt M M 1
AMAG, LLC CEO	•	Date of Receipt O7
SUBTOTAL of Receipts This Page (optional)		5100.00
TOTAL This Period (last page this line number only)		